OCT 17 MIN Y

10-19-05

PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Application Number		09/753,892		
TRANSMITTAL	Filing Date		January 3, 2001			
FORM		First Named Inventor		Leonid A. Yakubov		
	Art Unit		1632			
(to be used for all correspondence after	initial filing)	Examiner Name		Scott David Priebe		
Total Number of Pages in This Submiss		Attorney Docket N	umber	PANA0001-100		
	ENCLO	SURES (check all tha	it apply)			
Fee Transmittal Form	☐ Drawing(s			After Allowance Communication to TC		
Fee Attached	Licensing	-related Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final		Convert to a all Application		Proprietary Information		
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter		
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):		
<b>—</b>	Request f	or Refund		Notice of Appeal; Postcard Receipt		
Express Abandonment Request	CD, Number of CD(s)					
☐ Information Disclosure Statement	☐ Landscape Table on CD					
Certified Copy of Priority Document(s)	Remarks					
Reply to Missing Parts/						
Incomplete Application						
Reply to Missing Parts under 37 CFR1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm	Cozen O'Connor					
Signature	In Och					
Printed Name	Mark DeLuca					
Date	October 17, 200	05	Reg. No.	33,229		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL LABEL NO. EL963420511US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 probe date shown below.

Signature	Inh Ust		
Typed or printed name	Mark DeLuca	Date	October 17, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Fees Paid (\$)

\$310.00

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004

BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Small	Fees pursuant to the Consolid	lated Appropria	ations Act. 2005 (H.R. 4818)	).		Complete	e if Known	
First Named Inventor   Clearing A. Yakubov				Api	plication Number	09/753,892		
First Named Inventor   Clearing A. Yakubov			Fili	ng Date	January 3, 2001			
Attorney Docket No.   PANA0001-100   PAYMENT   (check all that apply)			Fire	First Named Inventor Leonid A.		id A. Yakubov		
Attorney Docket No.   PANA0001-100   PAYMENT   (check all that apply)	Applied t claims small entity status. See 37 CFR 1.27		Exa	aminer Name	Scott David Priebe	9		
Check   Credit Card   Money Order   None   Other (please identify) :				Art	Unit	1632		
Check	TOTAL AMOUNT OF PA	YMENT (	\$) 310.00	Atte				
Deposit Account Deposit Account Number: 50-1275  Deposit Account Name: Cozen O'Connor  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card formation and authorization on PTO-2038.  EE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity Application Type Fee (\$) Fee(\$) F	METHOD OF PAYMEN	T (check al	l that apply)		,			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	☐ Check ☐ Credit Ca	rd 🗌 Mor	ney Order  None [	Oth	er (please identify	/):	·	
Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card formation and authorization on PTO-2038.  EE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SEARIL Entity  Application Type  Fee (\$) Fee(\$) Fee	Deposit Account Dep	osit Accoun	t Number: 50-1275		Deposit Acco	ount Name: Coze	n O'Connor	
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card formation and authorization on PTO-2038.  EE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Pee(\$) Fee(\$) Fee(\$	For the above-id	entified depo	sit account, the Director	is here	eby authorized to:	(check all that ap	ply)	
Under 37 CFR 1.16 and 1.17	⊠ Charge fe	e(s) indicate	d below		Char	ge fee(s) indicate	ed below, except	t for the filing fee
ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card formation and authorization on PTO-2038.    EE CALCULATION	Charge a	ny additional	fee(s) or underpayments	s of fee	e(s) 🛛 Cred	it any overpayme	ents	
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Small	Under 37	CFR 1.16 ar	nd 1.17		• •	,		adit card
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Small				u inform	iauon snoula not b	e included on this	iomi. Provide Cre	eun Caru
FILING FEES   Small Entity   Small	FEE CALCULATION							
FILING FEES   Small Entity   Small	1. BASIC FILING. SE/	ARCH, ANI	D EXAMINATION FEE	ES				
Application Type         Fee (\$)         Fee(\$)         Fee(\$)         Fee(\$)         Fee(\$)         Fee(\$)         Fee \$ Paid (\$ Utility           Utility         300         150         500         250         200         100		FILING F	EES S					
Utility       300       150       500       250       200       100			<del></del>	/ <b>¢</b> \				Face Baid (\$)
Design   200   100   100   50   130   65								rees Paid (\$)
Plant         200         100         300         150         160         80	•							
Reissue       300       150       500       250       600       300	•							<del></del>
Provisional         200         100         0         0         0								
EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Fee(\$) Fee (\$)  200 100  360 180  Multiple Dependent Claims  Total Claims  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$) Fee Paid (\$)								
Fee DescriptionEach claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)200100Multiple dependent claims360180Total ClaimsExtra ClaimsFee(\$)Fee Paid (\$)-20 or HP=x=Fee Paid (\$)HP = highest number of total claims paid for, if greater than 20.Fee Paid (\$)Indep. ClaimsExtra ClaimsFee(\$)Fee Paid (\$)- 3 or HP=x=HP = highest number of independent claims paid for, if greater than 3.	Provisional	200	100	0	0	0	•	<del></del>
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)	2. EXCESS CLAIM FE	ES						Small Entity
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)	Fee Description						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  -20 or HP=	Each claim over 20 (in-	cluding Reis	sues)					
Total Claims   Extra Claims   Fee(\$)   Fee Paid (\$)   Multiple Dependent Claims    -20 or HP =			luding Reissues)					
-20 or HP= x = Fee (\$) Fee Paid  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)  - 3 or HP= x = HP = highest number of independent claims paid for, if greater than 3.			laima Faa(#)		Ean Daid (A)			
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims					ee Palu (a)			
Indep. Claims				_			<u>ree (\$)</u>	ree raio
- 3 or HP= x = x  HP = highest number of independent claims paid for, if greater than 3.	•	•	· •		Ena Baid (¢)		<del></del>	
HP = highest number of independent claims paid for, if greater than 3.				_ <u>r</u>	ee Paid (\$)			
•				=	<del></del>			
APPLICATION SIZE FEE	•	•	laims paid for, if greater tha	III 3.				
	3. APPLICATION SIZE		1400 1 2	, .		G1 1		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	If the specification and c	Irawings exc	eed 100 sheets of paper	(exclu	ding electronicall	y filed sequence	or computer	1.50
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	listings under 37	CFK 1.52(e	(3), the application size f	tee due	: IS \$230 (\$123 f0) 7 CED 1 16(a)	r small entity) for	r each additiona.	1 00
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)			e 33 U.S.C. 41(a)(1)(G)	ana 3. Sach s	/ CFK 1.10(8). Idditional 50 or	fraction there	of Fee (\$)	Fee Paid (\$)

SUBMITTED BY				
Signature	In the	Registration No. (Attorney/Agent) 33,229	Telephone	215.665.5592
Name (Print/Type)	Mark DeLuca		Date	October 17, 2005

\_\_ - 100 = \_\_\_\_ / 50 = \_\_\_\_ (round **up** to a whole number) x

Other (e.g., late filing surcharge): Notice of Appeal Fee (\$250); Petition for 1 Mos. Ext of Time (\$60)

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

-Transmittal Form w/Certificate of Express Mailing;

-Fee Transmittal Form (dupl) w/Authorization to Charge Deposit Acct (\$310.00);

-PTO/SB/31 NOTICE OF APPEAL (dupl); PETITION FOR EXTENSION OF TIME (1 MOS.)

Applicants: LEONID A. YAKUBOV

Title: COMPOSITIONS COMPRISING GENOME SEGMENTS AND METHODS OF

USING THE SAME Serial No.: 09/753,892 Filed: JANUARY 3, 2001

Docket No.: PANA0001-100 (133955)

Date Sent: October 17, 2005

EXPRESS MAIL LABEL NO: EL963420511US

MDELUCA/cmatticks



Mailing Label



Post Office To Addressee

			UNITED STATES POST		1 000 011100 101 11111
ORIGIN (POSTAL USI	F ONLY)		DELIVERY (POSTA		
PO ZIP Code	Day of Delivery	Flat Rate Envelope	Delivery Attempt	Time	Employee Signature
	Next Second		Mo. Day		
Date In	Next Second	Postage	Delivery Attempt	Time	Employee Signature
Date in		.	_		
Mo. Day Year	12 Noon 3 PM	\$	Mo. Day Delivery Date	Time	Employee Signature
Time in	Military	Return Receipt Fee	<b>J</b> ointal, 2010		, , -
☐ AM ☐ PM	2nd Day 3rd Day	·	Mo. Day	AM PM	
Weight	Int'l Alpha Country Code	COD Fee Insurance Fee	WAIVEROFSIGNATU	ii@wesio@in/Atti	itonalmerchandisolasurancolavoldi isomadowithoutoisialningispaturoof plutogastratentoiseantoisidinesura paturoconstitutasvalidprooffoldelivery.
			व्यक्तिक्टडकाठा व्यक्तिक्टडकाठेव	gent (il/delivery/empleye	olinges that article can be left in secure
lbs. ozs. No Delivery	Acceptance Clerk Initials	Total Postage & Fees	NO DELIVERY Weeks		January Care production
		S	Me DERIVERY Meets	(Maries)	Cüstomer/Signature)
Weekend Holiday CUSTOMER USE ONLY					. 7.
METHOD OF PAYMENT:		*	Federal Agency Acct. No. or Postal Service Acct, No.		
Express Mall Corporate Acct. No.		The State of State of the Heart of	11 - 25 11 1		
FROM: (PLEASE PRINT)			TO: (PLEASE PRINT)	PHONE	· · · · · · · · · · · · · · · · · · ·
	M N PHONE ()	<u> </u>	r see	. •	
I DELVUM/III HTTICIS				and the second second	
COZEN O'CI	ONNOR O	•	COMMISS	IONER FU	R PATENTS
COZEN O CONNOR 1900 MARKET ST FL 1			PO BOX	1450	3.450
			ALEXANDRÍA VA 22313-1450		
PHILADELP	HIA	PA 19103-3527			•
		` `	<b>\</b>	$\alpha  \alpha'$	$A \subset A$
DA A A		220cc	Mail 8	(lad)	$H\Gamma$
LYHNIHM	01-100 (1.	<i>9</i> 5733	Marce O	roll ,	· / / · · · · · · · · · · · · · · · · ·
					=======================================
PRESS HARD. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com 三旦明章					